

Entered - 08/01/01 - sb
CL01L0486 - DIANNE C. MITCHELL

CLAIM OF: **CARLOS A. WILSON**
635 Heathmoor Place
Decatur, Georgia 30032

01-R-1524

For damages alleged to have been sustained as a result of a vehicular accident on May 27, 2001 at 507 Piedmont Avenue.

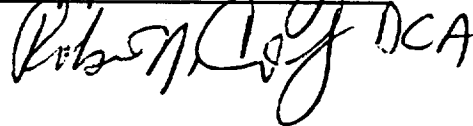
BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **CARLOS A. WILSON** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on May 27, 2001 at 507 Piedmont Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

 DCA

C-4

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0486

Date: September 10, 2001

Claimant /Victim CARLOS A. WILSON

BY: (Atty)(Ins. Co.)

Address: 635 Heathmoor Place, Decatur, Georgia 30032

Subrogation: Claim for Property damage \$ 10,783.96 Bodily Injury \$

Date of Notice: 07/30/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 05/27/01 Place: 507 Piedmont Avenue

Department Police

Division:

Employee involved R. H. Hill

Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: The driver of the City vehicle changed lanes improperly and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver X Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other Damages reasonable

City not involved Offer rejected Compromise settlement X

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse Account charged: 1A01 X 2J01 2H01

Claims Manager:  Concur/date 09-25-01

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 30 2001

RE: CLAIM FOR DAMAGES

Today's Date: 07/18/01

MUNICIPAL CLERK

ENTERED - 8-1-01 - SB
01L0486 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ see Attached property and/or \$ see Attached bodily injury for which I contend the City is liable.

1. Date of incident: 05/27/01 (month/day/ year)
2. Time of Incident: 9:50
3. Police called: ✓ Yes No
4. Location of incident (including street address): North Ave & Piedmont Ave
5. Name of your insurance company: Progressive Policy No. 40967307-1
6. State what and how incident occurred: Police Officer was attempting to change lanes and did not see me, I was struck on Drivers Door and plunged into a tree.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Volkswagon 00 367SWH Carlos A Wilson
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: Ford R.H. Hill City Police
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Adrian Acosta 25 peachtree Ave NE 404-944-6033
(Name) (Address) (Telephone Number)
30305
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Carlos A Wilson
(Print Claimant's Name)

635 Heathmore Pl Decatur GA
(Address)

30032
(City, State and Zip Code)

678-230-5617 404-508-0898
(Work Number) (Home Number)

To whom it may concern,

I am very disappointed in how the Atlanta Police Department has handled this matter! I was the victim of that car accident caused by an officer and was assured by him, "the city would take care of me"; that has yet to be seen! This problem has affected both my personal life and my career. Below is a sum of all my expenditures and damages to my automobile. I would greatly appreciate a prompt response to this matter.

Carlos Wilson



Car Damage- \$ 9,106.55

Car Rental- \$ 1,134.10 *

Deductible- \$ 500.00*

Betterment fee\$ 43.31*

Total/ \$10,783.96

Ps: I need the Deductible and Betterment fee as soon as possible, I do not have anymore money and cannot get by car back until it is payed. I can be reached at 678-313-7044

**My Insurance is with Progressive/ policy #40967307-1/ claim#016562998
My car is currentley at ATC repair center the phone # is 770-952-3359**

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0486

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND NO/100
DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to R. H. Hill, from any and all claims,
demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account
of anything that has heretofore occurred, and particularly for or on account of a vehicular accident

which occurred on or about the 27th day of May, 2001,

at or near 507 Piedmont Avenue

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 29th day of August, 2001.

Carlos A. Wilson (LS)
CARLOS A. WILSON

The above release was read and explained to, and signed by the said Carlos

Wilson

in our presence on the date above written.

Edna M. Wilson
Witnesses

01-R-1524